

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32662

State File No.

SEP 22 1952

BIRTH NO. 124

REG. DIST. NO. 316

PRIMARY REG. DIST. NO. 3059

Registrar's No. 283

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (In this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadwood		0940			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) JULIA		a. (First)		b. (Middle)		c. (Last) BOHANNAN			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec 7- 1900			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 51		4. DATE OF DEATH (Month) (Day) (Year) Sept 11, 1952			
11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel Morris		13b. MOTHER'S MAIDEN NAME Josephine Lore			
14. NAME OF HUSBAND OR WIFE James Bohannan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-30-4921		17. INFORMANT'S SIGNATURE OR NAME James Bohannan ADDRESS Leadwood, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 171X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) /		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept. 7 , 19 52 , to Sept. 11 , 19 52 , that I last saw the deceased alive on Sept. 11 , 19 52 , and that death occurred at 2:00 P.m. , from the causes and on the date stated above.		23a. SIGNATURE Van W. Taylor, M.D. (Degree or title)			
23b. ADDRESS Bonne Terre, Mo		23c. DATE SIGNED Sept. 13, 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 14-52			
24c. NAME OF CEMETERY OR CREMATORY St. Francois Memo		24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE Sparks F. Home ADDRESS Flat River, Mo		DATE REC'D BY LOCAL REG. Sept 13, 1952 REGISTRAR'S SIGNATURE Ethel Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Murphy Sparks

Licensed Embalmer No. *4236*

P. O. Address

Flat River Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.